wife, who was present that morning, and that very same day, has a -- describes her husband as having a severe headache and had pain going up the back of his head to the top of his head?

A. No, I can't. I mean, I can't put myself in her shoes. I don't know. But why would two medical personnel who are trained to take histories accurately and -- why would they indicate it differently than what the wife's recollection is later on? They document it. They wrote it down presumably the same day. And they are trained to take histories.

There is no reason for them to fudge it and say, Oh, no, I am going to make it sound like it's ear and jaw and then head versus just headache. I mean, I don't -- there would be no reason for them to skew it in that direction.

Q. But given -- well, Donna -- you know the training of Donna Fearey. She is not a medical doctor. You understand that; is that correct?

A. I understand.

Q. Given what we know about what happened with this gentleman, that he subsequently died of a subarachnoid bleed, do you think that --

do you have any opinion as to whether or not it's more likely than not that he had severe head pain going up the back of his head to the top of his head that morning?

A. I have no way of knowing that. I just have to go by what is written down there.

Q. I am going to go to the next paragraph of your report.

MR. GUARINO: Is that Exhibit 2 now, just for --

MS. McCREADY: Yes, it is. Thank you.

Q. It says, "Since there was no proof that Mr." --

MR. GUARINO: Excuse me. I am just trying to find my place. Hold on a second.

MS. McCREADY: Q. "Since there was no proof" -- and I am reading from your report -- "that Mr. Allen actually had any aneurysm, it is pure speculation his outcome could have been altered if the correct diagnosis was made in a timely manner and appropriate treatment instituted."

I have a couple of questions about that sentence.

When you say there is no proof that

Mr. Allen actually had an aneurysm, what do you mean?

A. Just what I said. The only -- there is no proof. There is speculation based on statistics, and I would agree with the statistics. I already said that I think it is more likely than not that he did have an aneurysm.

Q. And there is no proof because we don't -- there was no CT taken and he was not worked up for having a subarachnoid bleed that morning, so we don't have the data that; is correct?

A. That's correct.

Q. And that it's "pure speculation that his outcome could have been altered if the correct diagnosis had been made in a timely manner and appropriate treatment instituted"?

If you could explain that. Why is that pure speculation?

A. Well, I think I explained it more with this -- the subsequent, you know, things.

Q. Sure. Please do.

A. And I think it has to do with the time line of his whole clinical course. I think that is my point, that I think it would have been

very difficult to have a good outcome in his case, even if the correct diagnosis were made that morning based on what I say here.

Q. I mean, it's true, isn't it, that this gentleman was discharged after given a shot of Phenergan; is that right?

A. That's right.

Q. He was sent to do whatever he was going to do; is that right?

A. Mm-hmm.

Q. He went to -- and according -- you know, you have read the wife's deposition; is that right?

A. Yes.

Q. And they went Sam's Club and they walked around; is that true?

A. They first went to breakfast. He ate a large breakfast, she said.

Q. Is that something that is of consequence to you or is that --

A. Again, in my mind, that is not the picture of someone who has had a major bleed at that point in time. You know, he is too well to have had a major bleed. He probably, more likely than not, as you have got me to say, that he had a

minor bleed. But he is walking around, he is going to breakfast, he is keeping it down. 12:48:57 12:49:01

The Phenergan might have helped him keep the food down, but it wouldn't alter any other of his symptoms from a subarachnoid hemorrhage. 12:49:04 12:49:06 12:49:10

Q. If you admitted a patient to the hospital after diagnosing them with a subarachnoid bleed, would you recommend that they have a really big breakfast? 12:49:13 12:49:19 12:49:22 12:49:25

A. I already told you, I keep them NPO. 12:49:26 12:49:28

Q. Right, you don't give them anything. 12:49:28 12:49:29

A. So I don't give them oral pain medicines, right, so certainly not breakfast. 12:49:29 12:49:31

Q. I'm sorry, let me -- I am not sure I followed up on that. 12:49:33 12:49:37

Is that because of further testing you are going to give them or is that -- why is that? 12:49:38 12:49:40

A. A combination of things. It's because, yes, there will be further tests for which he might receive sedation or anesthesia, and you would want an empty stomach for that. It's also because you don't want him retching or vomiting. 12:49:42 12:49:44 12:49:48 12:49:51 12:49:54 12:49:58

Q. And I don't know whether or not eating a large breakfast would have anything to do with your blood pressure or other -- or electrolytes or anything like that. 12:50:00 12:50:02 12:50:05 12:50:10

A. No, it shouldn't have anything. 12:50:11

Q. So any other reasons why you would want to make sure that a patient didn't either have a big breakfast or take anything by mouth? 12:50:13 12:50:15 12:50:18

A. No. Those two reasons would be the main ones. 12:50:20 12:50:22

Q. So this patient was discharged, he had a big breakfast, and he walked around Sam's Club. And then did you review the part of the wife's deposition where they went back to the hotel and they unloaded the truck, they unloaded their truck? 12:50:23 12:50:32 12:50:36 12:50:38 12:50:40 12:50:42

A. Yes. 12:50:43

Q. Because they were in the middle of moving to Valdez. Is that your understanding? 12:50:43 12:50:44

A. Yes. 12:50:46

Q. Again, what would either walking around or lifting things, how would that affect a person's blood pressure, if at all? 12:50:47 12:50:49 12:50:52

A. Well, if it were very heavy objects and you had to strain and do what we call a 12:50:53 12:50:58

Valsalva maneuver, hold your breath and strain lifting a very heavy object, that could certainly adversely affect your blood pressure, intracranial pressure, causing an aneurysm to bleed again. 12:51:02 12:51:04 12:51:07 12:51:13

Q. And certainly, if you had admitted a patient to the hospital who had a subarachnoid bleed, do you really want him to be lifting anything? 12:51:16 12:51:17 12:51:19 12:51:21

A. No weight-lifting. Write that in the orders. 12:51:22 12:51:24

Q. How about a patient or a person laying down on a bed? I mean, when you admit somebody to the hospital, is there anything you do to either elevate the patient's head? Again, a person who has been diagnosed with a subarachnoid hemorrhage. 12:51:25 12:51:26 12:51:29 12:51:32 12:51:35 12:51:37

A. No. It's more a level of comfort. If you think the patient has increased intracranial pressure, which not all subarachnoid patients do, then you elevate the head 30 degrees, but only if they have increased intracranial pressure. 12:51:37 12:51:41 12:51:43 12:51:46 12:51:49 12:51:52

Q. How would you monitor that, the increased intracranial pressure? 12:51:52 12:51:54

A. Well, if the patient is obtunded or 12:51:54

comatose, then you actually have to put a monitor in their head to monitor pressure. If they are awake and alert, then they probably don't have increased intracranial pressure, if they are talking to you and they are perfectly appropriate and -- 12:51:58 12:52:02 12:52:04 12:52:07 12:52:09 12:52:11

Q. Is that something that goes back to this, you know, monitoring of somebody for a level of consciousness, that if their level of consciousness is changing, that could be a sign of increased intracranial pressure? 12:52:12 12:52:14 12:52:16 12:52:18 12:52:20

A. That's correct. 12:52:22

Q. So if somebody starts becoming more lethargic, that could indicate that they are having increased intracranial pressure? 12:52:23 12:52:24 12:52:27

A. That's right. 12:52:29

Q. Would that be something -- so it sounds like you could elevate a patient's bed 30 degrees. Are there other things you could do to affect the increased intracranial pressure? 12:52:29 12:52:30 12:52:33 12:52:36

A. Yes. You -- if they are unresponsive and you have to breathe for them, you put a tube in their windpipe and breathe for them. You can lower the partial pressure of carbon dioxide, and that lowers intracranial pressure. 12:52:37 12:52:41 12:52:44 12:52:47 12:52:53